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THE LOUISVILLE MEDICAL NEWS

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THE LOUISVILLE MEDICAL NEWS will be issued every Saturday, in appearance equal to the present number. It will contain Original Articles upon Practical Medicine and the several specialties of the art, Selections from Home and Foreign Journals, Items of News in the profession, Correspondence, Reviews of Books, and Editorials upon current topics.

The columns of this journal are open to a free discussion upon questions of professional interest, and contributions are invited from all parts of the country upon matters pertaining to the profession of Medicine, its practice, conduct, and government, and upon medical instruction.

The editors are not responsible for the views of contributors; and contributors are not asked to be responsible for the views of the editors.

This journal undertakes to defend what it considers the right, and to expose shams. In doing so it will strive to avoid all personalities; but when it deems it necessary will not hesitate to discuss principles and systems, by whomsoever they may be advocated. IT OFFERS ITSELF AS AN ORGAN OF THE PROFESSION AND APPEALS TO THE PROFESSION FOR SUPPORT.

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LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

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THE BEAN IN HIS SHOE.

"The candidate for graduation shall present to the dean a thesis upon some professional topic, written in his own handwriting," says the law. The time is near at hand when these theses are due, and there are many anxious hearts in the medical colleges of the land. Every man firmly resolved to write his during the summer holidays. These good intentions form about as many blocks in the Nicolson of the Great Below. Not a few declined a second-term's dissection that they might devote their evenings to the accomplishment of the task. Much valuable anatomy has been lost; we could wish that medical literature had been correspondingly enriched. Some forewent the pleasures of Christmas in wiping out the score, but a greater number than all these have no doubt been caught by the eleventh hour unprepared. To such does the voice of the dean sound terribly as he announces anew that the days of grace are waning.

A fearful thing to the student is his thesis when the days of his second course are upon him. During his first term he basks in the sunshine of his irresponsibility, and regards the green-room, with this essay which is to be its "*open sesame*," as matters too far away to ruffle his soul. Now it becomes more and more his waking thought, his daily incubus, his nightly vision. He starts with high resolve to accomplish something great in this direction. A dozen subjects occur to him upon which he may make his name famous in the annals of his college. While he hesitates the panorama of medicine which he has come to view is fleeting by. He makes desperate effort, and is oft-times glad if he has fulfilled only the requirements of the law. But whatever may be its merit, a fond thing to the student is his accomplished thesis. He records it in roundest hand upon illuminated paper; he binds it with ribbons; he inscribes it, with heartfelt gush, to him he loves best; he tells those at home of his triumph, and wishes his friends about him to share his pleasure. These he catches at most inconvenient hours, and reads it to them avowedly for their advice; but he takes none such. He radiantly smiles as he hands it to the dean, and pleasantly jokes about not wishing to see again the accompanying fee.

A curious literature do these theses form. How they illustrate again and again the laws of average! Take a hundred. The sources of supply, the style, the subjects chosen, the merit, the volume, come up year after year with similar representation. Fifty will commence with a notice of the law which forced them to be written; as many will apologize for lack of originality. A certain number will be upon Inflammation, suspicious of Erichsen; a smaller lot drawn from the remoter sources of Holmes. There is the squad upon Small-pox, with the rhapsody to Jenner; upon Pneumonia, somewhat redolent of Flint; upon Abortion, suggestive in more ways than one of a labor that was premature. There are the many which bear the impress of the task-master's whip, and the few that show that heart and head have been together at work; those that as to quantity fulfill the letter of the law—those which soar away into the illimitable.

We would not for a moment wound the honest pride with which these precious doc-

uments are offered. We are indeed surprised at the merit they show, considering the circumstances under which they were written. Did we hint at copying? What of that? The very men they took from got theirs from some one else. Men have been doing that ever since father Hippocrates's time. No one expects students to evolve theirs from their inner consciousness.

We are going to take up the cudgel in behalf of students, and add the mite of our influence toward the abolition of the law which requires this performance of them; for the thesis is, we think, an arrant humbug. It is no measure of merit; it is not the spontaneous offering of the Muse, but springs from the terror-stricken spirit. Far better the time it costs should be spent in the dissecting-room and at the quiz. These are passing opportunities. Early professional life will give ample leisure for literary effort.

In sober truth, we think that this requirement of theses is an abuse which needs serious attention. It is a feeble imitation of the continental universities, where the candidate is required not only to produce but to defend his thesis. We follow their example in little else; why do so in this? If the term of study in the majority of American colleges is to remain what it is, in the name of common-sense let it be devoted to matters of real importance. Huxley said of the English course (which lasts nearly twice as long as ours, and has the advantage of the progressive method) that he who added to it a jot or tittle which was not absolutely required was guilty of a very grave offense. This doubly holds with us. The thesis may seem a small matter to many who can jot down a score of pages at an evening's sitting. These must have forgotten their student-days; we are certain that we have not exaggerated the cloud which then it cast over them.

We are perfectly alive, in what we have said, to the excellent essays which now and then appear above the general mass, some of which have enriched the published literature of medicine. These need not necessarily stop. Let the prizes still be offered for such performances, but make competition voluntary. Those who feel that they have the proper stuff in them will still come forward. It is the perfunctory performance of this task which has rendered the system so barren of results, so pernicious not only to the comfort but the general welfare of students. It is at this we have aimed, and we hope soon to see thesis-writing wiped out from the catalogue of requirements in the schools.

LANCET VERSUS SPATULA.

We print among our extracts two articles upon opposite sides of a question which is attracting some attention just now—Physicians *versus* Pharmacists. One is from the pen of Dr. Shrady, editor of the New York Medical Record, and the other from that of Mr. Ebert, of the Pharmacist of Chicago. They show considerable ability; but we would be sorry to believe that any breach exists or is likely to exist between the two parties they represent which would call for the fervor of expression used. There is too much mutual dependence between the two professions to make a war between the lancet and the spatula profitable to either party. Certainly the welfare of both sides, to say nothing of that of the general public, will be best maintained by their attending as strictly as possible to their own business. Druggists will continue to sell patent medicines to those who wish them, in spite of ethics, and we do not believe that our profession has any desire to control them in this respect; but they certainly have the power and ought to withdraw their patronage, which amounts to a great deal, from such as are known to usurp their proper vocation, except it be in the sheerest emergencies. We imagine our friends will have little to complain of physicians invading their domain. While circumstances force a number of doctors—those, for instance, who engage in country practice—to dis-

pense at times their own medicines, there are not many who would not be gladly rid of the trouble, and fewer still who regard the matter as a source of profit. As to its bearing upon the question of health, commend us neither to your learned pharmacist's extra-professional opinion nor to strychnine pills rolled upon the back of a dinner-plate, with molasses a sufficient quantity. We had hoped that Darby and Joan had settled this question for all future ages.

Original.

SCARLET FEVER.

BY LUNSFORD P. YANDELL, JR., M. D.,
Professor of Therapeutics and Clinical Medicine, University of Louisville.

This disease has existed to a serious extent in Louisville for some months, and although at no time really epidemic, yet it has been sufficiently abundant to make parents anxious and to attract to it the profession's attention. It is a mortifying acknowledgment to make, but it is a fact that we have been acquainted with the disease for more than two centuries, and yet the profession is by no means of one mind either as to its natural history or cure. Hence I venture to publish my individual opinions on this open and vexed subject without fear of being charged with arrogance or dogmatism.

The contagiousness of scarlatina has been denied by not a few respectable physicians, but the same is true of variola, and there are medical men who even oppose vaccination. To my mind nothing is clearer than the contagiousness of scarlatina, although certainly less so than variola. As to the assertion that there can be no degrees of contagion any more than shades of virtue, it is unworthy of argument. On one point, however, we should all agree: any disease suspected of contagiousness should be treated as though indisputably so.

Being possessed unfortunately of no specific remedy for this specific disease, we should treat scarlatina without regard to its name, simply devoting our efforts to the control of symptoms and conditions.

Heat is probably the paramount source of danger in scarlatina, and it is the symptom over which we have most power. For its measurement there is but one reliable means, the thermometer; and for its reduction but one agent of indisputable potency, water. The form of aqueous application must be determined by circumstances, and the same is true of its temperature and duration. The patient's comfort must be considered, and a struggle avoided if possible. A protracted and moderately cool bath is better than one brief and decidedly cold. When practicable use the tub with tepid water, and gradually reduce its temperature to 70° or 60°, always avoiding an unpleasant degree of cold, and keeping the patient in half an hour, an hour, or even longer. Indeed there is no danger of too long a bath, if the patient enjoys it and the heat of the body be not abnormally depressed.

Second to the tub-bath is the wet sheet. What has been said of the former applies to the latter. Properly applied, the water-treatment is without danger in scarlatina, as it is in typhoid and malarial fevers, variola, and other febrile affections. The terrible *beta noir* of scarlatina, dread of "taking cold," is an ancient error of apparently indestructible vitality, and one that does incalculable harm. To it we owe the close, hot, and foul sick-rooms so often encountered, and which so greatly enhance the mortality of scarlatina. Of course draughts and cold rooms are to be avoided. Anointing has some feeble power to reduce temperature, but its true office is in the stage of desquamation, where by allaying itching it promotes comfort.

Tincture of the muriate of iron is a valuable remedy in this as in all the blood-poisons. The tincture of the citro-muriate is equally efficacious and much more palatable. Emetics and nauseants are only justifiable when deficiency of secretion in mouth and throat exists, and purgatives may do

good when the kidneys fail in their function. Arterial sedatives are of doubtful efficacy. Alcohol is applicable in the same conditions in this as in other diseases, and this and no more can be justly claimed for quinine. Antizymotics, though theoretically useful, are practically inert.

As for the local manifestations of scarlatina—whether in the throat, eyes, ears, nose, or elsewhere—there is no peculiar treatment. Cauterization and other violent remedies are to be avoided. Diarrhea should not be checked unless it indisputably is doing harm. Deficiency of urine is best treated by cold water, externally and internally, and by digitalis. Scarlatinal albuminuria and dropsy incline to get well of themselves, and the credit awarded gallic acid in their removal is undeserved. Fresh air, cleanliness, and nourishment are of prime importance. Whatever form of food the stomach will accept should be allowed—whether it be fruit, flesh, milk, or bread—and cold drinking-water and ice should be given *ad libitum*. There are no prophylactics to scarlet fever. Belladonna internally, and carbolic acid, camphor, and asafetida externally, are alone useful as *placebos* to parents and children old enough to know fear.

Trusting more to nature and confiding less in drugs than physicians of a former day, we get better results from our practice than did our predecessors. The majority of cases recover under any treatment. Certain cases prove fatal in defiance of all curative measures. In most cases we have power to mitigate the severity of symptoms, enhance comfort, and assist nature to return to health.

LOUISVILLE.

FOUR CASES OF MALARIAL HEMATURIA.

BY S. A. FOSS, M. D.

In a practice above the average country practice around Lacona, Jefferson County, Ky., mostly in the first bottom of the Ohio River, extending through all the years from 1847 to and through 1875, I have met with nine cases of malarial hematuria; had one death. All the cases occurred in first river-bottom, and all in white patients under seventeen years of age, seven of whom were males.

I met with no case unless one half to three fourths of the population were the subjects of malarial diseases; nor did ever more than one case in a single year occur with me until the one that has passed, when I met with four.

CASE I.—In a house of two rooms, sanitary surroundings bad, occupied by a family of twelve, on the east bank of Black Pond Drain, October 7th, I saw Wm. D., aged sixteen; well grown; previously healthy; white. Had a common chill, followed by less fever than usual, but had an excess of pain in loins; voided bloody urine in three hours after the chill. He got half a dram sul. quinia in three doses two hours apart; and three grains calomel, with twelve of colocynth comp. ext., at night.

October 8th, A. M.: he was icterus; pulse 140; temperature 99°; tongue moist, pale, tremulous; face pallid; no thirst or appetite; two alvine evacuations; bloody urine, three to eight ounces at a time, continuing at intervals of four to six hours, voided without pain. Ordered ten drops tinct. ferri chloridi, with ten grains quinia, every four hours.

October 9th, A. M.: hemorrhage less; pulse 130; temperature normal. Continue same treatment.

October 10th: no blood in urine; pulse 88; asked for food. Ordered iron and quinine after each meal until he was up to healthy weight, strength, and color.

CASE II.—December 7th: saw Bettie D., aged thirteen; well grown; sister of William; been subject of intermittent fever for months. Had a slight chill at 10 A. M.; was walking in the yard at 4 P. M., when I was called; bloody urine began to pass in two hours after chill; temperature normal; circulation slightly increased in frequency. Ordered one scruple sul. quinia in three doses two hours apart.

December 8th, A. M.: the patient icterus; bloody urine continues; great pain in loins; expression of face bad; pulse 135, feeble; temperature 99°. Ordered ergot fluid ext.; continued quinine in three-grain doses, with addition of tinct. ferri chloridi.

December 9th, A. M.: reports worse; pulse 150; respiration 45; face anxious, pallid, pinched; suffering nausea. After conference with Dr. John F. Taylor, decided to apply dry cups to loins, and continue ergot, quinine, and iron. She died at 7 P. M. No autopsy.

CASE III.—December 11th: after slight chill Wm. D. had a second attack; was treated the same way as in the first. Bloody urine continued forty-eight hours; after that for several days there was a copious deposit of pink urates in scanty, dense, high-colored urine, without blood or albumen. He was more prostrated, and is yet taking quinine and iron, alternated every four days by Fowler's solution of arsenic combined in equal parts with tinct. cinchona comp.

CASE IV.—On the evening of the 12th of December, while on a visit to Wm. D., my attention was called to his sister Jennie, aged five. Her mother stated that she "had been trying to keep a chill off the child; had given two big doses of quinine, but believed she had fever." Examined the girl carefully; told Mrs. D. that an additional dose of quinine would cure her. An hour later an elder sister burst into the room where I was sitting and exclaimed, "Jennie has got the same disease of which poor Bettie died!" The child had voided eight ounces of very bloody urine. Although at 8 P. M. she had seemed to ail nothing, yet at 11 P. M. her pulse was 140; temperature 104°; respiration 40; face pallid; cool extremities. Gave quinine in five-grain doses until a scruple had been given.

December 13th, 8 A. M.: pulse 165; respiration 55; temperature 102°; restless; icterus; extremities cold; bloody urine continues with a larger proportion of blood, voided without pain or difficulty. Ordered two grains quinia, with five drops tinct. ferri chlor., once every three hours.

December 14th, 8 A. M.: pulse 120; temperature 98°; respiration 25; expression of face better; no blood or albumen; urate deposit abundant, and an excess of coloring matter. Continued same remedies.

December 16th: greatly improved.

December 17th: discharged, with urine clear of albuminous matter.

Professor J. W. Holland was kind enough to analyze eight specimens of the urine in the third and fourth cases, with results which have been incorporated in above report.

LACONA, KY.

TONSILLITIS: ITS NATURE AND TREATMENT.

BY RICHARD C. BRANDEIS, A. M., M. D.

Inflammation of the tonsils may set in suddenly, or it may be preceded by catarrhal affections, such as fever, coryza, acute pharyngitis, etc. The patient experiences a sense of dryness, with difficult and painful deglutition, which is often aggravated by a reflex irritation which induces the sufferer to swallow continually, even though there be nothing to pass down into the stomach. These, added to a hypersecretion of the mucous membranes and of the salivary glands, as well as a change in the voice, which assumes a nasal character, are the subjective symptoms which mark the onset of the disease. The tonsils are swollen and reddened, covered here and there by a mucous layer. The uvula is also often swollen and somewhat elongated.

One side is generally more affected than the other. Not infrequently the inflammation passes from one tonsil to the other, while the first affected is already on the road to recovery. In the more severe cases the tonsils are very much enlarged and of a scarlet color. The surrounding mucous membrane is similarly affected. The two tonsils touch each other, and deglutition is impaired to such an extent that fluids are regurgitated through the nose; there is dysp-

nœa and expectoration of large quantities of mucous saliva. All the affected parts are covered with a layer of pus. The lymphatics along the sterno-cleidomastoid muscles are inflamed and enlarged. If the inflammation becomes purulent, there is difficulty in moving the lower jaw; articulation is attended with pain, which occasionally passes up into the ear, and may give rise to partial deafness and *tinnitus aurium*. At the same time there is a bad taste in the mouth and loss of appetite, a discolored tongue, headache and vertigo, and in marked cases high fever—sometimes even delirium—and great sleepiness.

Although in mild cases there may be no increase of temperature, and the size of the tonsil diminish after three or four days, these appearances are more intense and of longer duration in the severer cases. Not until after the fourth or fifth day does the pain, tension, and dysphagia diminish, and convalescence does not set in before the beginning of the second week, and the slightest cold may cause a relapse. The swelling of the glands remains for some time longer, and the objective symptoms disappear very slowly. Not unfrequently does the amygdalitis assume a purulent character, the tonsils become degenerated, and the swelling, difficulty in swallowing, and pain persist for some length of time. On palpation we notice that the tonsils have assumed a conoidal shape. The abscess bursts spontaneously, or in consequence of a fit of coughing or vomiting. The patient expectorates a purulent mass streaked with blood, which may be very fetid or not; great relief is experienced, and after a short time the size of the inflamed tonsils is greatly reduced. The profuse perspiration accompanying such attacks is one of the most disagreeable symptoms, and affords the patient much discomfort.

If these attacks are at all frequent in their occurrence, the disease may become chronic, and give rise to hypertrophy of the tissues. We sometimes meet with a circumscribed, follicular tonsillitis in which only one or a few follicles are involved; deglutition is but slightly impaired, and it terminates with a purulent discharge and rupture of the parts involved. Cicatrization now sets in, or we have small sinuses with minute orifices, which for some time will produce a fetid odor; but these may be overcome by cauterizing the canal.

The mild, catarrhal form of tonsillitis may last from three to eight days; the more intense one to two weeks, particularly if suppuration sets in. Recovery is almost universal; chronic inflammation not frequent, but those who have once been affected are liable to repeated attacks.

Tonsillitis is rare in infancy, but is very common from the time of puberty to the fortieth year. Both sexes are equally predisposed to it. It is met with at all seasons, but particularly in the fall and spring, generally owing to colds and rapid changes in the temperature.

The prognosis is generally favorable. Death is rare, but may occur if there be spontaneous rupture, when the pus may pass down into the larynx and trachea and cause suffocation.

The mild type yields to hygienic and dietetic care. Rest in bed, foot-baths, mildly stimulating gargles, will produce a reconvalescence in a few days. If the case be seen in its first stage, local applications of powdered alum will frequently give relief; the pain may often be lessened by bidding the patient to gargle repeatedly with a strong solution of the bromide of potash, say two ounces to a pint of tepid water. Touching the inflamed parts with a solution of dilute hydrocyanic acid, say about two drams to the ounce of water, will also afford considerable relief. The bowels should be kept open by the use of effervescing saline purgatives, and quinine and calomel in small and repeated doses may be given internally. In children I generally administer the neutral mixture, with a few drops of the tincture of belladonna or a drop of tincture of aconite.

In the more severe forms I prefer the

thorough scarification of the tonsils, and the subsequent application of a half-dram solution of the sulphate of copper, to any other line of treatment. After the scarification I advise frequent gargling of the throat with warm water or decoctions of slippery-elm or barley-water. At the same time dry warm applications, or the application of a mass of cotton wrung out in hot water, to the neck are recommended; but poultices should be avoided, as they tend to soften and degenerate the glandular structures in this region. If in spite of these remedies abscesses form in the tonsils, they should be opened as soon as possible, and further destruction of the tonsils may be prevented by active cauterization of the cavity of the abscess with the nitrate of silver in substance.

LOUISVILLE.

Reviews.

Croup in its Relations to Tracheotomy. By J. SOLIS COHEN, M. D., Lecturer on Laryngoscopy and Diseases of the Throat and Chest in Jefferson Medical College. Philadelphia: Collins, printer.

This pamphlet on "Croup in its Relations to Tracheotomy," by Dr. J. Solis Cohen, of Philadelphia, first appeared as a contribution in the Transactions of the State Medical Society of Pennsylvania for 1874, and, having received so many complimentary notices, has recently been republished by the author in separate form. The purpose of the paper has been, in the first place, to examine the value of tracheotomy in croup and diphtheria; and secondly, to determine the best method of operating on children, and of combating all the various difficulties and complications which might arise during the performance of the operation or the after-treatment of the case. Dr. Cohen treats the subject principally from a surgical point of view, and defines croup as "an exudative inflammation of the air-passages," and divides the disease into sthenic croup, or croup proper, and systemic croup, or the croup of diphtheria.

The article abounds in exhaustive references to the works of European authorities, and contains a large collection of statistics of tracheotomy in the hands of the most celebrated operators. This makes the article the most exhaustive that we have yet seen on the subject. Twenty-six of the seventy-eight pages are devoted mainly to statistical tables, which plainly show the great diversity of results that have been obtained by different operators, but go to prove that the operation is of undoubted service in saving life.

There is a carefully-written chapter on the indications of the operation, as well as one on the chief points of importance to be observed during its performance. The section devoted to the after-treatment of the disease and of the surgical wound, and to the casualties which prevent recovery, is replete with suggestive information. R. C. B.

Canthoplasty as a Remedy in Certain Diseases of the Eye. By C. R. AGNEW, M. D., Clinical Professor of Diseases of the Eye and Ear, College of Physicians and Surgeons, New York, etc. New York: G. P. Putnam's Sons.

Dr. C. R. Agnew has recently published an article on "Canthoplasty as a Remedy in Certain Diseases of the Eye," which affords so much information, and places the operation in such a favorable light in its influence over certain diseases of the visual organ, that every physician who undertakes the treatment of these affections should give it a careful perusal.

It is particularly indicated in phlyctenular or so-called strumous ophthalmia in which small vesicles, pustules, or ulcers are apt to recur on the limbus of the cornea or on its general surface, and which are accompanied with more or less persistent photophobia, and which are apt to resist every form of local and general therapeutics. After describing the disease at length and the indications for treatment in its various forms, Professor Agnew goes on to enumerate the advantages redounding from the performance of canthoplasty, and describes his method of operating. He says, "An an-

æsthetic should be given, except in adults who do not dread body pain. The patient lying on his back, the external commissure of the eyelids should be split to the bottom of the conjunctival *cul-de-sac*, through skin, orbicular muscle, canthal ligament, and conjunctiva. This is best done with a pair of strong scissors that will cut to the point. These parts having been separated throughout their extent, and care being taken that the tarsal cartilage of the lower lid is not cut, three or four fine sutures should be introduced so as to stitch the cut conjunctiva to the skin all around the enlarged commissure. These sutures are generally introduced through the upper, lower, and outer angles of the wound, and should be removed after the lapse of forty-eight hours."

The operation is also of signal service in those cases of palpebral roughness in which the granulations threaten the integrity of the globe by producing pannus or ulceration.

Dr. Agnew appends a table of one hundred and ninety-one operations which have been performed for fifteen different affections of the eye. R. C. B.

Selections.

PRESCRIBING APOTHECARIES. — An editorial in the New York Medical Record contains the following on this abuse: "There is perhaps no question connected with the mutual dependence of physician and apothecary which calls for a more thorough discussion than that of shop-prescribing by the latter. We are well aware that many of the leading pharmacists are ready to deny that the practice is prevalent, but that they are mistaken in such an estimate every physician who has had any thing to do with the ordinary run of apothecaries knows to his sorrow. It is useless to attempt to enumerate the many mistakes that are made by these prescribers, the countless errors in diagnosis, and the worse errors of treatment; but we wish to view the question in the light of ordinary equity to the medical profession. In one of the articles of the code of ethics which is adopted by all the respectable pharmacists of this city we would call attention to the following language: 'Since the professional training of the pharmacist does not include those branches which enable the physician to diagnose and treat disease, we should in all practicable cases decline to give medical advice, and refer the applicant to a regular physician.' The strict and honorable interpretation of the spirit of this provision would leave very little to be desired in the shape of a remedy for the evil practices of which we complain. From the facts which are constantly presented to us we have no hesitation in saying that any such interpretation of the code is an exception to the general rule. Either the majority of the druggists have very slim notions of their obligations in the premises, or there is no power to enforce the necessary discipline. Many of these individuals excuse the practice on the score of its necessity, and in consequence of the surrounding circumstances over which they have no personal control. They plead in extenuation that they only attempt to advise in ordinary and simple cases in which a physician would not be consulted; that the medicines administered are harmless, and that if some mixture was not 'made up' for the patient a neighboring store would secure the customer. Fallacious as this argument really is, it is the only one which these apothecaries have to offer for encouraging a practice which they know to be wrong, and which they must acknowledge has a tendency, in an almost countless number of ways, of lessening the legitimate profits of the physician, and of destroying his influence in the community. He may give nothing but simple medicines; but is he by so doing conscientiously giving the patient the best possible chance? Is he sure that he may not be losing valuable time, even allowing that he has made a diagnosis of the disease? If the patient does not choose to consult a physician, what responsibility has the pharmacist in the matter? We would be willing to leave the matter at this point as one of conscience with the pharmacist, if our own interests were not too directly concerned. The truth, however, is that by allowing the pernicious practice to continue we practically deliver ourselves into the hands of unprincipled men, and by patronizing them help to encourage an enemy who is the more dangerous as his practices are the more underhanded. If these gentlemen do not find it to their interest to protect us by following the precepts of their own code, is it not time that we look around us for some change—that we openly discourage our patients from purchasing their medicines of these prescribing-shops—in fact take every other means to secure ordinary plaindealing? We would like to inquire of some of the right-minded pharmacists throughout the city and country if there is any tribunal to which our profession can appeal for justice in this matter, any power which these 'counter-doctors' are bound to respect."

PHYSICIANS COMPOUNDING THEIR OWN PRESCRIPTIONS. — The Pharmacist of Chicago says, "Several articles have appeared in medical journals recently on the subject of physicians becoming the dispensers of their own prescriptions in lieu of the druggist performing that duty. To us of the 'guild' this seems an absurdity, growing out of avarice and envy of their more successful neighbors. There is little doubt that in many cases it comes from a brisk competition by some wide-awake homeopathist, who of course furnishes medicine (?) with his advice, and without extra charge. Some of our physicians think that this liberality secures homeopathy many of its victims, and that all which is needed to counteract this depletion is to furnish blue-mass and rhubarb *free to all patrons*. No doubt some are so fond of medicine as to take more frequent and larger doses if *free of cost* to themselves; but the average human biped, we think, would prefer to pay rather than to swallow, and the reason for preferring homeopathy lies in some other direction rather than in the prices charged by doctor or druggist. Recently there appeared in the Louisville American Medical Weekly an editorial on this subject which 'out-Herods Herod.' The doctor gravely proposes to ignore the pharmacist in the future, and dispense the prescription at the bed-side, or if that is not possible, then to have it dispensed by the office-student from preparations furnished by the wholesale druggist. The doctor evidently thinks the pharmacist is of no further use, since he alludes to the fact that in consequence of the improvements in the character of medicines and preparations the physician can now with great ease carry enough medicines in his pocket-case to furnish remedies to his patients. We wonder who has wrought this marked change in the materia medica. Can we thank our friends the physicians for improvements which render it possible to dismiss the apothecary with a request to 'stand and deliver' their portion of blood-money? The doctor thinks that each physician loses from ten to fifteen hundred dollars per year which now goes to the druggist. We suggest that the earnings of the apothecary do not by any hypothesis belong to the doctor; and we do not see how one can lose what belongs to another. If increased gain is the only motive which inspires our friend the doctor, we can point out other fields for conquest which promise even greater returns in money than the one he has chosen. Aside from the injury proposed to be inflicted on the pharmacist, we deplore the effects on the doctor's patients if the programme is carried out, as inevitably the student will be poorly qualified to dispense the medicine even if he has the necessary remedies at hand. The doctor bases an argument against the apothecary on the fact that his prescriptions may be duplicated without his authority. We do not see that this can be remedied, except by the physician, who can, if he pleases, direct the patient to use the remedy for a limited time only. The pharmacist has no control over the patient or the prescription, and could not possibly prevent the patient from using it according to his own judgment. From our point of observation it seems that the pharmacist is entitled to the same consideration as the physician. The art of the apothecary is as ancient and as honorable as that of the physician. The progress made in the preparation and adaptation of medicines for the uses of the physician is, in a very great degree, the result of the pharmacists' labor and skill. The majority of pharmacists are as well educated and as faithful students as the majority of the physicians. They have expended a larger amount of time and money to acquire an education than most physicians have; their motives are as good, their behavior quite as free from reproach, and their vocation quite as necessary to the healing art. In former days it was the general rule for the apothecary to prescribe for the sick; he was in fact the family physician. Only surgery and other special branches of the art were practiced by another class of persons. If the advice given by the doctor is to any larger extent adopted by the medical profession, it will not be long ere their occupation will be gone, and the ancient custom return to plague its last inventor. No one can doubt the ability or treat lightly the opportunity of the apothecary to occupy his old ground, if forced by such overreaching stupidity to assume it. We have, however, too much confidence in the intelligence of the profession and in their desire to serve their patients faithfully to believe that such advice will find a respectable following."

AN INTERNATIONAL COPYRIGHT LAW.—*Apropos* to Mr. Charles Reade's letters upon the protection of authorship, Scribner has the following. The remarks apply with full force to medical literature: "On behalf of American authorship we thank him for his unanswerable plea for justice. There is but one side to this question, and he has stated it. A creator and inventor has a natural right to the product of his brain, and wherever and by whomsoever that product is used he is entitled to a royalty. There is not a rational argument which sustains the laws of international patent-right that does not apply perfectly to international copyright. We have settled the principle in our own national legislation, and settled it forever, and the refusal on the part of our government to accord international copyright amounts to self-stultification and self-condemnation. We hope that during the coming session of Congress this matter will be taken up and settled as it ought to be. The President's annual message would be dignified by asking at the hands of Congress such legislation

as will protect the authorship of this country, and of all other countries, in its property. Our own authors have been compelled to compete in the market with stolen books long enough. They have been preyed upon by foreign publishers long enough. Our people have lived upon stolen bread long enough. We occupy in this matter, as a nation, a most undignified and disgraceful position. There is nothing under heaven that stands in the way of international copyright but a desire to maintain the profitable freedom of stealing. The authors want protection; they need it; they must have it; they will have it; and no adverse interest can interfere with their efforts without great injustice and discourtesy. We were particularly impressed by Mr. Reade's closing letter. It ought to be read by every well-wisher of his country. He shows how under the patent-laws our inventors lead the world. Other nations print on our presses, reap with our reapers, and sew with our sewing-machines, while in literature we are only a moon reflecting the light of other national literatures. The American patentee and the American author are at opposite poles in their fortunes and in the world's consideration. One leads the world, the other follows it. Mr. Reade simply reiterates what we have long claimed when he asserts that the American writer has larger, more varied, and richer materials than the English writer. 'Land of fiery passions and humors infinite,' he says, 'you offer such a garden of fruits as Molière never sunned himself in, nor Shakespeare either.' Nothing is truer than this, and the only reason that American authorship does not rise to the commanding position which its capacities and materials render possible is that men can not live on the returns of their labor. It is an old, sad story. The experiment has been repeated *ad nauseam*, and yet American authors are blamed for writing hastily and without due preparation. The question lies between writing hastily and starving. Give American authors half a chance; give them an opportunity to live, and they will do their work better. Give them the markets of the world, secure a return to them from all who now steal the usufruct of their genius and their labor, relieve them from the present killing competition with books that pay no copyright, and they will do for themselves and their country what the patentees have done for themselves and the country."

Febrifuge Value of the Sulphates of Cinchonia and of Cinchonidia.—Professor Lunsford P. Yandell, jr. (American Practitioner), thus records his experience in the use of these agents: "Sulphate of cinchonia I esteem next to sulphate of quinia in antiperiodic power. This substance was first extensively used in Louisville by Dr. D. W. Yandell, at the Stokes Dispensary, in 1856, since which time I have been familiar with the alkaloid. At the University Dispensary sulphate of cinchonia is used to the exclusion of all other antiperiodics, except when we employ them in the way of experiment. From the effects of this medicine on myself, and from extended experience with it in charity practice, I draw the following conclusions: Sulphate of cinchonia is less bitter than sulphate of quinia, and produces less ringing in the ears; it is less powerful than sulphate of quinia, and hence is required in larger doses; it is more apt to derange the digestive apparatus; it often produces a sense of fullness about the head, together with excessive dryness of the mouth and fauces, and drowsiness and double vision are not infrequent. Its crowning superiority over other derivatives of cinchona-bark is its inexpensiveness. It costs but thirty-five cents, and sometimes less, per ounce; whereas sulphate of quinia costs two dollars and a half, cincho-quinine and quinidia about two dollars, and sulphate of cinchonidia ninety cents to a dollar an ounce. Cincho-quinine and quinidia have no advantage over sulphate of cinchonia in any respect, and the same is true of chinoidine. Sulphate of cinchonidia is less bitter than sulphate of quinine, but more bitter than sulphate of cinchonia, and produces as much noise in the head as sulphate of quinine. Headache, sense of heat and fullness about the head, disturbance of stomach, and dryness of mouth and throat are as frequent and decided from it as from sulphate of cinchonia. As a tonic it is not superior to the other alkaloids, nor are relapses less common under its use than when other products of the bark are given. It is indubitably an antidote to malarial poison, but in febrifuge virtue it is less than half as potent as sulphate of quinine, and a third less efficacious than sulphate of cinchonia. Where fifteen to twenty grains of sulphate of quinine are required, twenty or twenty-five grains of sulphate of cinchonia are necessary, and their equivalent in sulphate of cinchonidia is thirty to forty grains. The doses here indicated I consider the proper ones in the average malarial disorders of this region, whether it be well-marked intermittent fever or one of the masked forms of the disease. In my own person sulphate of cinchonidia in twenty- to thirty-grain doses gave rise to tinnitis aurium, dryness of buccal and nasal mucous membrane, sense of fullness of the head, anorexia, and general discomfort. By most of the students who experimented with it its effects were not complained of. Several, however, expressed themselves as being made drunk by it, having giddiness, faintness, and a feeling of cerebral congestion. In some cases diarrhea, and in others vomiting, while still in others headache, were attributed to the sulphate of cinchonidia. To recapitulate: sulphate of cinchonidia is a reliable anti-febrile in sufficiently large doses, but has no advantage over

sulphate of quinia except in price. It has all the drawbacks attaching to sulphate of cinchonia, and no superiority in any respect over it, while it is nearly thrice its price."

Forcible Dilatation in Fistula in Ano.—Dr. R. F. Logan, in an article upon Fistula in Ano (American Practitioner), reports an interesting case where this method succeeded in relieving a case of this sort. The fistula had been laid open, together with a sinus, which was all that could then be discovered. He remarks: "At a subsequent visit, about a week afterward, a long sinus (at least four or five inches) was discovered, running from the external end of the incision, about three inches from the anus, downward and backward toward the coccyx. We had in fact opened a cavity which had burrowed in four different directions: toward the rectum, and opening into it about half an inch above the anus; upward by the side of the rectum; outward toward the ischium; and downward in the direction of the coccyx. Upon consultation it was decided not to divide the tissues of the last and deepest sinus, but to trust to the operation already performed, using a probe occasionally to stimulate the walls of the sinus, or to use a probe coated with fused crystals of nitrate of silver, if necessary, or the injection of tinct. of iodine. Under this treatment the fistula gradually but slowly healed, until there remained only a fissure about an inch long. At this point the healing process stopped; weak granulations sprung up from the bottom of the wound, which became painful and irritable; in fact the case had degenerated into one of fissure of the anus. Forcible dilatation was now performed, the patient being under chloroform; and at a subsequent visit, in about ten days, we were gratified to find that the patient had entirely recovered from the rectal affection."

Alcohol.—Mary Jocobi Putnam, M. D., in a review of Therapeutics of 1874, read before the New York Medical Library and Journal Association (Virginia Medical Monthly), says: "The most important nerve-stimulant is still alcohol, and the most vexed question concerning alcohol is still whether or not it is to be considered as food. Almost the last experiments made by the lamented Dr. Anstie are devoted to proving, contrary to the famous conclusions of Lallemand, that alcohol is oxidized in the body or else undergoes some other transformation that equally results in the creation of force; for elimination by either lungs or kidneys is altogether insignificant, at least according to the tests employed by Anstie. To a dog was given 47.73 grains of absolute alcohol in the course of eight hours, and there was eliminated by the kidneys only one fifth of a grain. The urine was tested by the bichromate of potash. Elimination by the lungs was also practically *nil*, or only 1.13 grains in twenty-four hours after ingestion of 190.92 grains of absolute alcohol. From the body after the ingestion of this amount only 23.66 grains were recovered. Anstie infers that alcohol does unquestionably act as food, and not as a mere transitory stimulus. Toward this conclusion indeed the general opinion of the scientific world seems to be gradually turning, and it is unequivocally adopted by Marvand in his treatise upon Tissue-saving Foods. Anstie justly deprecates the short-sightedness that, in the interests of philanthropy and temperance, would try to falsify the concurrent results of recent experiment and refuse the title of food to alcoholic liquors.

Normal Ovariotomy.—Prof. John Goodman, in an article upon Menstruation (Richmond and Louisville Medical Journal), has the following remarks upon this late surgical procedure: "The originator of this operation, Dr. Battey, anticipated that it would bring about an artificial menopause. In this he will certainly be disappointed in at least half the cases. But it does not seem to me absolutely essential to the success of the operation that it should arrest the progress of the law of monthly periodicity and put a stop to menstruation. That the ovaries continue after puberty to affect the general system, and that this influence is even necessary in many individuals to maintain the sexual development in a perfect degree, is undoubtedly a fact, as is shown by an appreciable loss, in some instances, of sexual traits, including the cessation of menstruation upon the removal of these organs. In diseased conditions of the ovaries this reaction is perverted, and very distressing pathological states, especially of the nervous system, arise in consequence. Such examples are frequently encountered in practice. It is in severe and intractable cases of this kind that good results are to be hoped for from the operation alluded to; for it is reasonable to believe that when disordered action arises from an unnatural irritant a withdrawal of the irritant will permit the functions to return to their normal channels."

Subaponeurotic Cephalæmatoma Cured by Injection of Iodine and Carbolic Acid. — Dr. John Bell (Canada Medical Record) reports: "On the 20th day of August, 1875, an infant of F. L., five months old, fell and struck the right side of its head on the floor. A very large swelling gradually rose over the right parietal bone. On the 23d I saw the child, and applied pressure by means of cotton-wool and a flannel bandage over the tumor, which was fluctuating but not pulsating. Thinking that it would be a hopeless task to try to cause absorption of such a large quantity of effusion without suppuration supervening, I emptied the swelling the next day with

a trocar and canula, the blood being quite fluid. Pressure was re-applied, but on the following day the tumor was as large as ever. It was again emptied through a small canula and injected with a mixture of tr. iodi, acid carbolic, and aq.—the contents this time being bloody serum. The wool and bandage were re-adjusted, but the sac again partially filled. It was only temporarily, however, as the child was brought in from the country, where its parents lived, in ten days, and no sign of the tumor remained; its cavity was obliterated and its walls perfectly united. I saw a severe case of this kind some time ago in a young infant, which had been caused by the forceps in its delivery. I pressed out the partially coagulated blood through an incision, but the child died from its injuries before the reparation of the lesion of the scalp took place. In these cases Erichsen (ed. 1860) says, 'Under no circumstances should a puncture be made or the blood let out in any way.'"

Miscellany.

—A few copies of our last issue gave the weight of a vesical calculus extracted by Dr. D. W. Yandell (Case V in report) as ninety-two ounces. No such quarry of course ever existed in such locality. The correct measurement and weight were given in the major portion of the edition. It measured two and a half inches in its longest and one and a fourth inches in its shortest diameter, weight 1,125 grains.

—He showed great research. His thesis was upon Measles. It commenced with "I finished yesterday, gentlemen, the subject of Scarlet Fever," and ended with "To-morrow I will consider Small-pox."

—It is an old tale of our childhood, but it has an additional moral now. Naber, an Arab, possessed a horse of surpassing swiftness, which Daher extremely coveted. Disguising himself as a lame beggar, he appealed to Naber's charity as he passed. When Naber dismounted to assist him Daher seized his horse and rode away. "Take him," said Naber; "but do not tell how you got him; others may refuse charity for fear of being duped." Those who deceive physicians, especially in the small matter of paying their bills, dampen their ardor somewhat in extending the beneficent influence of their art.

—The simplest and most efficacious treatment of acne, especially that which occurs during the earlier years of puberty, is to rub the face with a small portion of the following ointment:

℞. Unguent. hydrarg. nitratis, } āā ʒj;
Unguent. sulph. iodidi, . }
Unguent. adipis, . . . ʒvj.

M. Sig. Apply at bed-time. Three or four applications speedily remove the bumps which are a source of so much mortification to the youth of both sexes, and render the skin smooth for a long time.

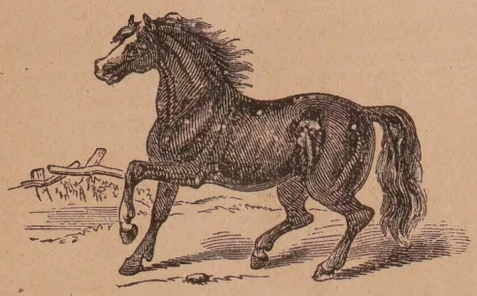
—We print the following report of the coroner for Jefferson County and city of Louisville for 1875. The population of his domain is about 165,000. Statistics compiled from the opinions of the learned juries which are generally assembled on the occasion of the coroner's inquests are not very valuable as regards the causes of death; but the table will show how often that occurrence was deemed sufficiently sudden or strange as to demand legal inquiry. The decrease in the number of inquests from that of the year preceding is commendable. We suppose it has been in the main caused by neglecting premature births, which formerly excited so much curiosity in those paid by the state to be curious. The number of inquests held each month is as follows:

January	14	October	13
February	8	November	14
March	6	December	11
April	7		
May	12	Total	127
June	7	Total 1874	212
July	9		
August	17	Decrease	85
September	9		

CAUSES OF DEATH.

Heart disease	5	Drunkenness and exposure	10
Congestion of lungs	3	Convulsions	2
Consumption	1	Smothered	3
Burned to death	1	Pneumonia	1
Natural causes	10	Accidental deaths	11
Colic	3	General debility	2
Run over by cars	5	Scalding	1
Inattention	1	Apoplexy	6
Drowning	10	Suicide	15
Unknown	6	Murder	11
Still-born	5	Falling of scaffold	1
Falling of wall	1	Congestion of bowels	1
Poison	4	Sporadic cholera	1
Cholera infantum	1	Strangulation	2
Spasms	1		
Old age	2	Total	127
Congestion of liver	1		

TROTTING STOCK.



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J. C. McFERRAN & SON, Proprietors.

The Messrs. McFerran call the attention of breeders and horsemen generally to their stud. For its perfection no expense in time, labor, or money has been spared. None but the best-formed animals, combining the rarest and most thoroughly tried strains of trotting blood to be found anywhere in the country, have been brought together for breeding purposes. As a result they feel great confidence that their selection has nowhere been surpassed.

They have used the utmost care in investigating their pedigrees, and believe them to be entirely correct as given. They would not hesitate a moment to eliminate the most highly prized cross in any animal when satisfied of its incorrectness.

A full Catalogue of their animals, containing the minutiæ of pedigrees, records of sires and produce, descriptions, and engravings of several of the horses, can be obtained by application to their address. They would briefly call attention here to

McFERRAN'S HAMBLETONIAN.

A bay horse, white near hind ankle, star in forehead; stands fifteen hands three inches; foaled May 13, 1868. (Bred by Charles Backman, Esq., Stony Ford, Orange County, N. Y.) Sired by Rysdyk's Hambletonian. Dam Grey Rose, by Harris's Hambletonian, by Bishop's Hambletonian, by Imported Messenger. The least informed know the fame of Rysdyk's Hambletonian, the sire of fourteen animals that have trotted two hundred and twenty heats in 2.30, including Dexter, Gazelle, Jay Gould, etc. This horse is wonderfully speedy, with a level head, and one of the best dispositions in the world.

AUGUST BELMONT.

Dark-brown bay horse, white hind heels; foaled May 22, 1870; stands fifteen hands three inches. Got by Rysdyk's Hambletonian. First dam Miss Mansor, by Jackson's Sir Archey; second dam by Westchester, son of Long Island Black Hawk; third dam by Abdallah, son of Mambrino; fourth dam by Engineer 2d (sire of Lady Suffolk), by Engineer, son of Imp. Messenger. Jackson's Sir Archey by Bay State Morgan, son of Hale's Green Mountain Morgan, son of Gifford Morgan by Woodburry Morgan: first dam by Sir Archey, son of Imp. Diomed; second dam by Industry, son of Sir Archey by Imp. Diomed.

This stud also contains thirty brood mares, descended from Imported Messenger through Rysdyk's Hambletonian, Volunteer, Messenger Duroc, Alexander's Abdallah, Aberdeen, Mambrino Chief, with crosses from Seeley's American Star, Ethan Allen, Pilot, Jr., Bashaw's Gold Dust, and the best foundations of thoroughbred blood.

The colts and fillies now on the place descending from this parentage, in form, color, disposition, and movement are all that would naturally be expected from their ancestry.

It is proved by experiment that horses of any parentage are improved in bone, muscle, and feature by the blue grass and the limestone water of Kentucky.

It is the intention of the proprietors to have annual public sales in the spring of each year, and buyers can rest assured that in no case will by-bidding or any other unfair advantage be taken of them. The produce will also be for sale privately at reasonable prices for such stock.

No class of persons can be more interested in the horse than physicians. He is not only their daily but their hourly companion. Their bodily comfort, peace of mind, and really their efficiency depends to a great extent upon the animal which carries them in their round of practice. The produce of Hambletonian and August Belmont are especially recommended not only for speed, beauty, strength, endurance, and superb action either under saddle or in harness, but for their wonderful GOOD TEMPER AND DOCILITY. True economy in this as in all things is to get the best. Speed is not incompatible with safety, and blood tells as well upon the streets and roads as it does upon the turf. Address,

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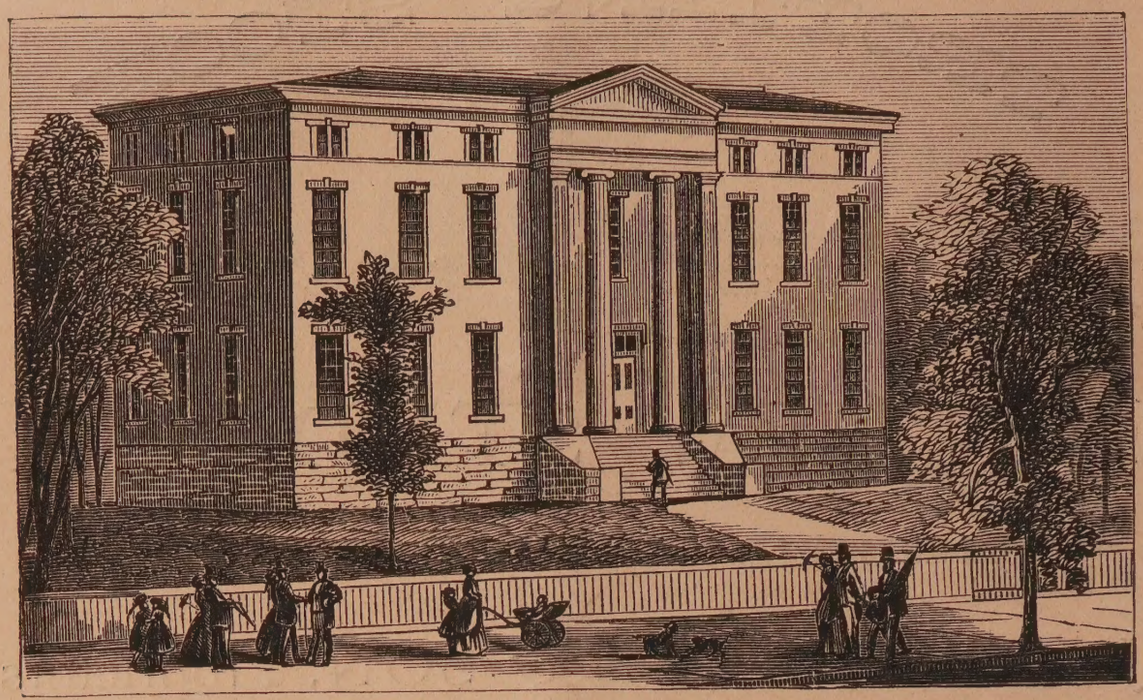

MEDICAL DEPARTMENT,

COR. OF EIGHTH AND CHESTNUT STS.

THIRTY-NINTH ANNUAL SESSION.

FACULTY.

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R. O. COWLING, M. D. .....Professor of Surgical Pathology and Operative Surgery.
W. O. ROBERTS, M. D.....Demonstrator of Anatomy.

FEES.—Professors' Tickets, in full, $50.00; Matriculation Fee, $5.00; Demonstrator's Ticket, $10.00; Graduation, $30.00; Hospital Ticket (required by City), $5.00.

☞ The Regular Session will commence on the first Monday in October, and continue until the 1st of March.

☞ A Preliminary Course of Lectures, free to all Students, will commence on the second Monday in September, and continue till the opening of the Regular Term.

J. M. BODINE, M. D., Dean of the Faculty.

☞ For the Annual Circular, containing full particulars, address

E. R. PALMER, M. D., Sec'y of Faculty,
495½ West Walnut Street.

SPRING AND SUMMER SESSION OF 1876.

The Spring and Summer Session of 1876 in the Medical Department of the University of Louisville will commence on March 7th and continue till July 1st. The following Courses will be given by the *REGULAR FACULTY*, assisted by Drs. W. O. ROBERTS, H. A. COTTELL, G. H. ANDERSON, W. H. LONG, and R. B. GILBERT:

On Venereal Diseases and Diseases of the Skin; Ophthalmic and Aural Diseases; Clinical Diseases of the Chest, and Physiology; Public Hygiene; Clinical Diseases of Women; Clinical Surgery; Materia Medica; Surgery; Practice of Medicine; Anatomy; Chemistry; Obstetrics; and Diseases of Children.

Didactic Lectures will be given on the Specialties of Medicine and Surgery, but the essential feature of this course will be CLINICAL INSTRUCTION and RECITATIONS from the text-books, it being the design of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

The University Dispensary, situated upon the college grounds, supported by the Faculty and under its exclusive control, is the only institution of the kind in the city of Louisville which has existed for any number of years. It has obtained the confidence of the sick poor of this city, and its rooms, especially during the milder months, are daily crowded with patients illustrating all varieties of disease.

The Faculty have also access to the Louisville City Hospital, an institution which contains more than two hundred beds, and the Hospital of SS. Mary and Elizabeth. From these sources an inexhaustible supply of clinical material is obtained.

Advanced students will be given obstetrical cases and cases in out-door practice to attend.

The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates which will be taken as additional evidence of proficiency in candidates applying for the Medical Degree of the University.

The Fee for the Full Course is $25.00, and entitles the holder to his Matriculation Ticket for the ensuing Regular Winter Session. For further information address

W. O. ROBERTS, M. D., Dean of University Summer School,
263 West Walnut Street, LOUISVILLE.